10-25-05

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07/27/2005

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10/26/2005 EAREGAY2 00000087 10764845

01 FC:1501 02 FC:1504 1400.00 DP 300.00 OP

03 FC+8001 APPLICATION NO.

FILING DATE UP

Robert Benson

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO. 205P085

2005

I hereby certify that this Fee(s) Transmittal is being deposited with the U.S. Postal Service with

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CONFIRMATION NO.

10/764,845

01/26/2004

Brunet

24,

9795

TITLE OF INVENTION: ELECTRONIC DEVICE ENCLOSURE WITH ROTATIONALLY LOCKED BODY AND HEADER

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	10/27/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
ZARROLI, MICHAEL C		2839		439-063000		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  John Mezzalingua Associates, Inc. East Syracuse, New York  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government						
4a. The following fee(s) are	e enclosed: small entity discount permit	4b	A check	f Fee(s):  In the amount of the fee(s) is entered to be credit card. Form PTO-203 rector is hereby authorized by count Number50-028	O is attached	of this form).
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Authorized Signature _ Typed or printed name	Jun Jun			Date	October 24, on No. 38,249	

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